N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39505

File No. 11695

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis (No. City Hospital St. Ward)

12939

2. FULL NAME Alvin Mueller

(a) Residence, No. 2204 So. 7th St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22 - 1931

7. AGE: Years | Months 3 | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

FATHER

13. NAME Anthony Mueller

14. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Evelyn

16. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Hospital Information (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter & Paul DATE Nov 23 1931

19. UNDERTAKER Wm J Robert & Co (ADDRESS) 1908 Gravois Ave

20. FILED Nov 23 1931 Mark J Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22nd 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 25th, 1931, to Nov. 22nd, 1931

I last saw him alive on Nov. 22nd, 1931. Death is said to have occurred on the date stated above, at 8:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	
Cause unknown	

Other contributory causes of importance:

158

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) City Hospital

Mueller